



Maine Department of Agriculture, Conservation & Forestry
Division of Quality Assurance and Regulations
28 State House Station
Augusta, Maine 04333-0028
Phone: 207-287-3841 Fax: 207-287-5576

Beverage Container Licensing/Label Registration

Company Name : _____ Contact Name : _____
Mail Address : _____
City : _____ State : _____ Zip : _____
Phone : _____ Fax : _____
Email : _____

Manufacturer Label Registration Fee (Containers over 4L are exempt from registration)

☐ Label Registration Fees *Please enter label descriptions on attached page*
*** Wine labels are \$1.00 each annually and ALL other beverage labels are \$4.00 each annually ***
_____ Number of wine labels @ \$1.00 each _____ Number of all other labels @ \$4.00 each

Initiator of Deposit License Fee (Initiators MUST provide a listing of beverages on which they initiate the deposit)

☐ \$50.00 - Brewer/Vintners producing less than 50,000 gallons annually
☐ \$50.00 - Water Bottler selling less than 250,000 containers annually
☐ \$500.00 - All Others

If you are NOT the initiator of deposit, please indicate who is initiating on your behalf:

Indicate name of responsible party for pickup below

☐ Returnable Services Inc. ☐ Maine Recycling
☐ Manufacturer ☐ Distributor(s) (List) _____

Contracted Agent License Fees

☐ \$500.00 - Contracted Agent

License fees must accompany application. Checks must be made payable to : TREASURER, STATE OF MAINE

Print Name : _____ Signature : _____ Date : _____

NOTICE: Any false written statements made by the abovesigned, with the intent to deceive a public servant in the performance of his or her official duties, may expose the abovesigned to criminal liabilities under 17-MRSA 4531.B(1).

OFFICE USE ONLY

Date Received :					Comments :
Date Reviewed :			Reviewed By :		
Application :	Accepted		Rejected	Returned	
Date Returned :					
Expiration Date :					
Method of Payment :					
<input type="checkbox"/> Check #					
<input type="checkbox"/> Cash Receipt #					
<input type="checkbox"/> Credit Card #					
Credit Type :	MC		VISA		
Name on Card :			Expiration Date :		
Billing Address on Card :					